POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA		08-28-01
O.I.P.E. CLASSIFIER		49	9/4/01
FORMALITY REVIEW	MD	579	10/8/01
RESPONSE FORMALITY REVIEW	HC	712	02 08-01

INDEX OF CLAIMS

BEST AVAILABLE COPY

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim (Final)	Claim (Original)	Date								
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If more than 150 claims or 10 actions
staple additional sheet here

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